## DHS DIVISION OF AGING SERVICES UNIFORM COST METHODOLOGY Personnel Spreadsheet SFY 2012-2015

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1 Enter Provider Name:													#1				#2				#3			
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3			Benefit			Productive	General			Staff for	Shared		TOTAL		% OF	W&B	TOTAL		% OF	W&B	TOTAL		% OF	W & B
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(Pald staff only - do not Include volunteers or other donated)	(Enter number per staff title)	benefits	costs by %	(Auto-	Benefits (Auto-	productive	time in	(Auto-	(Auto-	(Enter % of staff time)	(Auto-	(Auto-	(Auto-	Service Staff Only)	(Enter % of staff time)	(Auto-	(Auto-	Service Staff Only)	(Enter % of	(Auto-	(Auto-	Service Staff Only)	(Enter % of staff time)	(Auto-
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do not enter)																								
43 Total Wages and Benefits	0	\$0			\$0				\$0			\$0				\$0				\$0				\$0
44 Percent of Total Wages and Benefits					0.00%	-			0.00%			0.00%		<u> </u>		0.00%				0.00%				0.00%
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48 Percent of Total Hours		1				100.00%		0.00%		1	0.00%			0.00%				0.00%			1	0.00%		

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A	Z AA	AB AC	AD AE	AF AG	AH	Al AJ	AK	AL AM	AN	AO	AP AQ	AR	AS	AT	AU	AV	AW	AX	AY	AZ
1 Enter Provider Name:	#4		<b>#</b> 5		#6			#7			#8			#9				#10		
	Choos	e a Service	Choos	e a Service		Choose a Service		Choose	a Service		Choos	e a Service			Choose	a Service			Choose a S	Sarvic
2	TOTAL	% OF W&B	TOTAL	% OF W & B	TOTAL	% OF	W&B	TOTAL	% OF	W&B	TOTAL	% OF	W&B	TOTAL	Choose	% OF	W&B	TOTAL		% OF
3.	Billable	NOT WAB	Billable	78 OF WWW.B	IOIAL	Biliable	W & B	Billable	70 OF	Wab	Billable		Wab	TOTAL	Billable	78 OF	W & D		Biliable	76 OF
STAFF LIST (Pald staff only - do not include volunteers or other donated)	HOURS (Direct (Auto- populates) (Only)	STAFF TIME COST (Enter % of (Auto- staff time) populates)	HOURS (Direct (Auto- populates) Conly)	STAFF TIME COST (Enter % of (Auto- staff time) populate	HOURS (Auto-	Hours STAFF	COST (Auto- populates)	HOURS (Direct (Auto- populates) Service Staff Only)	STAFF TIME (Enter % of staff time)	COST (Auto- populates)	HOURS (Direct (Auto-populates) Only)	STAFF TIME	COST (Auto- populates)	HOURS (Auto-	Hours (Direct Service Staff Only)	STAFF TIME (Enter % of staff time)	COST (Auto- populates)	HOURS	Hours S	STAFF TIME Inter % of Paff time)
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31 Cilent/Meal Transportation Cost Pool Section Only																				
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46 Unit of Service	1.00		1.00			1.00		1.00			1.0				1.00				1.00	
48 Percent of Total Hours	0.00%		0.00%			0.00%		0.00%			0.009				0.00%				0.00%	

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	A	BA	BB	BC
1	Enter Provider Name:			
2				
3		\4/ 0 D	All Other	All Other
3		W&B	All Other	All Other
	STAFF LIST	COST		
4	(Pald staff only - do not Include volunteers or other donated)	(Auto- populates)	PROGRAMS	WAGES
6	Staff title	\$0	(Auto-populates)	(Auto-populates) \$0
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27	Staff title	\$0	100%	\$0
28	Staff title	\$0	100%	\$0
29	Staff title	\$0	100%	\$0
30	Staff title	\$0	100%	\$0
31	Client/Meal Transportation Cost Pool Section Only			
32	Driver	\$0	100%	\$0
33	Driver	\$0	100%	\$0
34	Driver	\$0	100%	\$0
35	Driver	\$0	100%	\$0
36	Driver	\$0	100%	\$0
37	Driver	\$0	100%	\$0
38	<i>Drive</i> r	\$0	100%	\$0
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41	<i>Drive</i> r	\$0	100%	\$0
	(The following data calculates automatically -			
42	do not enter)			
43	Total Wages and Benefits	\$0		\$0
44	Percent of Total Wages and Benefits	0.00%		0.00%
45	Total Hours			
46	Unit of Service		100 0001	
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